



Strategy to Overcome Early Childhood Malnutrition in West Pasaman District

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ABSTRACT

The prevalence of malnutrition under five in West Pasaman Regency, from 17.8% in 2019 to 21% in 2020, makes the area with the highest number of malnutrition cases in West Sumatra. Prevention and handling of malnutrition cases are dominantly centered in the district, so areas far from the district center are often unreachable. Especially during this pandemic, posyandu activities are hampered. This study aimed to describe the malnutrition prevention strategy in West Pasaman Regency. Qualitative research was chosen because it is in line with the research objectives. The informants of this research were the Head of the Public Health Center, the Community Leader, the Posyandu Cadre, and Parents who have early childhood. The instruments are observation, interviews, and documentation-data analysis using data triangulation. The prevention strategy is to provide JKN to malnutrition toddlers, especially from low-income families, by including them in Jamkesda membership, providing latrines and clean water to low-income families, and collaborating with universities to educate parents. It can be concluded that the district government implements a strategy to reduce malnutrition cases.

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1. INTRODUCTION

Children are gifts entrusted by the creator to parents. When a child is born, completeness and warmth in the family will grow. All families will do everything possible to maintain the health and growth of their children. However, not all children born grow up in good health. Some are born with a weight less than the usual standard or a height that does not follow the weight ratio, and some, even after birth, do not grow properly according to age. This case is often referred to as malnutrition.

Malnutrition is a case of failure to grow and develop children that have an impact on all children's development, both physical who do not grow or are stunted, as well as intellectually (Fatimah, 2021; Femelia et al., 2019). Malnutrition is also seen in the delay in the growth process in children under five due to chronic malnutrition, especially in the first 1,000 days of life, so children are too short for their age (Sopiatun & Maryati, 2021). Malnutrition is often referred to as a chronic nutritional problem due to a lack of nutritional intake in the long term, resulting in impaired growth in children. Malnutrition cases are widespread in developing countries and are predominantly caused by economic factors (Irianti, 2018; Mustika & Syamsul, 2018). Malnutrition is a chronic nutritional problem due to a lack of nutritional intake for a long time (UNICEF, 2013; UNICEF, 2014). Malnutrition is also one of the causes of stunted children's height, so it is lower than children their age. Indonesia is a country with high malnutrition cases among other developed countries. Malnutrition is also the impact of malnutrition that occurs when the baby is in the womb and the period after birth, but the impact can be seen when the child is two years old.

The government continues to move to organize the implementation of the acceleration of malnutrition prevention and formulate the 2018-2024 National Strategy for the Acceleration of Malnutrition Prevention. Through the 2020-2024 National Mid-Term Development Plan, the government has also set a target for the national malnutrition rate to fall to 14% (Purbowati et al., 2021). This malnutrition case is also found in West Sumatra (Monita et al., 2015; Saputra & Nurrizka, 2012). One of the areas with the highest malnutrition cases in West Sumatra is the West Pasaman Regency. The results of the annual recap of the nutritional status of toddlers in the 2020 ePPGBM obtained malnutrition under five in the West Pasaman district at 20.5%. This figure is higher than the prevalence of malnutrition in 2019 (Sister, 2020). However, at the end of 2020, malnutrition cases in several areas in West Pasaman could be suppressed, so in the December 2020 data, malnutrition cases in West Pasaman Regency decreased to 18.4%.

The data illustrates that West Pasaman Regency has succeeded in reducing malnutrition rates in a short time. Based on the description above, the researcher wants to describe the strategy for reducing malnutrition in children in West Pasaman Regency. Therefore, this study aims to describe the strategy for reducing malnutrition in children in West Pasaman Regency. With the hope that it can be a reference for other regions trying to reduce malnutrition cases in their area.

Various aspects can cause malnutrition, including an understanding of parental nutrition, family financial factors (Chirande et al., 2015; Maulina, 2012; Susanti & Zulaihati, 2017), culture, healthy living habits, and improper care and upbringing. These effects can make children inevitably get infections that lead to malnutrition. Esfarjani added other things that could cause malnutrition, such as diet, parental nutritional awareness, economic level, parental education, and parental care and care (Esfarjani et al., 2013; Mbuya & Humphrey, 2016). Parents are the first and foremost environment for children. It is in line with what was stated by a Russian psychologist, Vygotsky, that parents have an essential role in the growth

and development of children. The meaning of involvement of parents and families in child care involves six types: parenting, communicating, volunteering, home learning, decision-making, and working together in the community.

2. METHODOLOGY

The type of research used is qualitative research. This type of qualitative research needs to account for numbers because this research provides an overview of events in the field. Qualitative research is research that directly understands a phenomenon experienced by researchers, such as a person's behavior, perceptions, actions, and so on, holistically and by way of description in the form of words compiled and written using scientific methods. Qualitative research is a way to find answers to a phenomenon or question through systematic scientific procedures. The research subjects were children with malnutrition cases in West Pasaman. This research was carried out directly in the field by looking at observations, interviews, and documentation related to the strategy for reducing malnutrition in early childhood in West Pasaman Regency in 2021 (Creswell, 2015; Moleong, 2010).

Data collection techniques in this study are observation, interview, and documentation techniques. Observation is a method of directly analyzing and making systematic notes about individuals' or groups' behavior. An interview is a conversation with a resource person with a specific purpose and purpose. Documentation is a data collection technique with existing data. Qualitative data analysis techniques are carried out intensely and continuously until the data reaches a saturation point or the data obtained daily have the same results. The data validation technique in this study used data triangulation techniques.

Researchers examined data validity from informants, namely the head of the Public health center, village guardian, and parents of children with malnutrition cases. Data validation techniques relate to the level of truth of the data that researchers have obtained or collected through qualitative research.

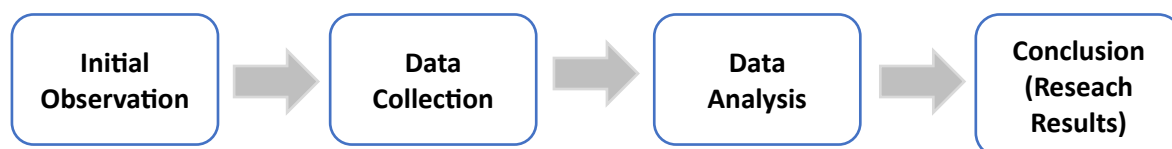


Figure 1. Research Flow Process

3. Results & Discussion

The results of observations, interviews, and documentation of the efforts made by the West Pasaman government in handling malnutrition are providing JKN (National Health Insurance) to malnutrition toddlers, especially from low-income families, by including them in Jamkesda participation, providing latrines and clean water to low-income families, collaborating with universities in providing education to parents. The following describes the results and discussion of this research.

3.1. National Health Insurance

To reduce the number is to provide health services for low-income families and children with malnutrition cases in particular so that children can get periodic health services and become the state's responsibility. It is done by registering children with malnutrition and belonging to the poor.

The National Health Insurance is the newest health program in Indonesia which was started on January 1, 2014, by the Social Security and Health Administering Body (BPJS). National Health Insurance aims to improve the community's health status and reduce the risk of the population bearing health costs by waiving fees by the government, which are sometimes difficult to predict so as not to burden the poor (Hartono, 2017).

The National Health Insurance program participants are everyone who has paid dues or whose contributions have been paid by the government, such as the poor and people who cannot afford it (Pratiwi, 2016). Participation is interconnected following the principle of portability by treating the program throughout Indonesia, including the West Pasaman Regency. The benefits of the National Health Insurance for people who participate are (1) health services are provided by the government and private health facilities in collaboration with BPJS (2) When in an urgent or emergency, health services can be used without having to cooperate with BPJS, (3) The National Health Agency, the administration of social security, is obliged to provide compensation which can also be in the form of cash to meet medical facilities for areas that do not yet have adequate facilities, (4) inpatient services are provided to the community with standard classes, (5) the social security administering agency guarantees medicines and medical devices, (6) in the development of health services, the social security administering agency implements a quality control system, a cost control system and a payment system to improve health insurance, (7) for people who misuse health services will be charged a fee.

The requirements for the Contribution Assistance Recipient are participants in the Health Insurance for the poor and the needy, as stated in the SJSN Law (Anzward & Muslaini, 2018; Siti, 2020). The government pays their contributions as a participant in the health insurance program. PBI participants are the poor, determined by the government and regulated through government regulations.

3.2. Toilets and Clean Water

Water is one of the transmission media for disease; therefore, it is necessary to monitor the quality of water in each area so that its value remains by health quality standards. Pollution of clean water is usually caused by people who usually litter or restrooms that do not meet hygiene standards. Therefore, there are several strategies for malnutrition prevention in West Pasaman carried out by researchers. Such as constructing latrines in areas with few latrines and clean water. In addition, researchers also collaborate with universities by providing-education to the community and parents. Universities also carry out community service regarding clean water and restrooms so the community can. According to the Ministry of Health (Choliq et al., 2020), malnutrition is caused by several factors and dimensions, including poor nutrition. 1. Wrong parenting practices 2. Limited health services such as Posyandu 3. Low family economy 4. Inadequate clean water and sanitation.

The problem of clean water and latrines is still severe in developing countries, such as Indonesia, especially in the West Pasaman Regency area. The use type or use of large water disposal sites, the type of toilet used, and the final disposal of feces must be considered so as not to pollute the clean water in the West Pasaman Regency areas. Therefore the government provides latrine facilities and clean water at points where inadequate latrines and clean water prevent diseases, including malnutrition in early childhood. Unhealthy environmental sanitation includes inadequate access to clean water, use of unhealthy latrine facilities, and poor hand- washing hygiene behaviors significantly affect the increase in infectious diseases such as diarrhea and intestinal worms. These conditions can cause growth and development

disturbances, increasing mortality in children under five (UNICEF, 2017; Cumming & Cairncross, 2016; Headey & Palloni, 2019).



Figure 1. Illustration Of Residents Taking Clean Water

Children living in unsanitary environments with inadequate sanitation are at risk of 40% experiencing malnutrition, which is more commonly found in rural and suburban areas (43% vs. 27%) (Fregonese et al., 2016). Data in India proves that the highest malnutrition is found in children living in rural areas because most people still practice open defecation (Chakravarty et al., 2017). The practice of open defecation correlates with cases of malnutrition in children in India. It causes environmental pollution as a result of open defecation (Bagchi, 2017). Suppose the feces are touched by children and children who have the habit of putting everything in their mouths. In that case, it will have a fatal impact because of some fecal bacteria that can infect the intestines so that children will experience intestinal infections and cause diarrhea that affects the nutritional status of children by reducing appetite, interfering with nutrient absorption, which causes children to experience malnutrition and growth disorders (Owino et al., 2016).

3.3. Collaboration With Universities

One of the efforts to reduce the malnutrition rate in the West Pasaman area is collaborating with the nearest university. Cooperation is carried out through community service activities by expert lecturers. The activity is to educate parents and public health care cadres about malnutrition prevention in the family, such as setting food menus and a clean lifestyle. Another activity carried out by lecturers is to provide skills to parents to process snakehead fish into food liked by children and all family members. This activity is carried out regularly and routinely so that malnutrition cases in West Pasaman can be reduced, and it is hoped that this case will not be found again in this area. Every collaboration carried out is supervised by universities and the West Pasaman government, especially the Wali Nagari in West Pasaman. This support from all parties helps the community tackle malnutrition in this area jointly.

This community service also aims to help specific communities in several activities without expecting any reward. Universities provide education to the public about the use of clean water and latrines to parents by gathering people in the field and at a distance according to the COVID-19 health protocol. University lecturers carry out the implementation of community service in several stages, 1) building understanding with the Head of Community Health Centers, Community Leaders, Posyandu Cares, and Parents who have early childhood; 2) doing the same perception; 3) counseling; 4) assistance to target areas, which consists of intensive counseling activities and guidance on healthy latrines; 5) evaluation of activities.

4. CONCLUSION

Based on the research, it can be concluded that several factors influence the occurrence of malnutrition at the age of toddlers, namely, poor nutrition, low-income families, inadequate latrines and water, and inadequate health services during this pandemic. The strategy is to register the poor with the National Health Insurance, the local government also builds latrines and clean water in areas where there are still few latrines and clean water, and the last one is collaborating with universities by way of community service to educate the community and parents about malnutrition prevention in West Pasaman Regency.

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